



ORTHOTIC MODIFICATION FORM

Tel: 877-967-8469
Fax: 877-678-4609

DR/CLINIC INFORMATION

NAME: _____
ADDRESS _____
PHONE _____
FAX _____
EMAIL: _____

PATIENT INFORMATION

PLEASE PRINT

NAME: _____
GENDER: _____ AGE: _____
WEIGHT _____
SHOE _____

ORTHOTIC MODIFICATION REQUIRED

REMOVE

LEFT RIGHT

ADD

LEFT RIGHT

TOPCOVER CHANGE

LEFT RIGHT

MODIFICATIONS NOTES



MODIFICATION POLICIES - 6 month warranty on all top covers and soft additions when subjected to regular wear. 1) Reconditioning and soft padding modifications of any Image product out of warranty, or any non- Image product are subjected to modification charges of \$55.00. 2) Modifications that require alterations of shell material, shell modifications, and adjustments based on shoe exchanges and conversions will incur a remolding charge of \$70.00. Please refer to warranties / policies sheet for complete terms.